

Medical Mycology

Registration

Save \$20.00 by registering online!

- Fee: \$120.00 if mailed or faxed and \$100.00 if you register online, payable to APHL

Space is limited so register early!

- Registration Deadline: September 28, 2006
- Refunds will be given up to September 28, 2006.
- Register online at <http://www.nltn.org/courses>.

If you have difficulty with the online registration process, please phone 510-412-1400 or e-mail poffice@nltn.org. If you do not receive an e-mail confirmation after completing the online registration form, please contact our office immediately.

Special Needs

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations should notify the NLTN office at 510-412-1400 at least two weeks prior to the workshop.

Continuing Education Credit

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 11.5 contact hours.

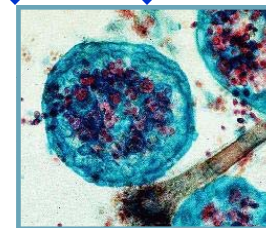
588-612-06

National Laboratory Training Network
850 Marina Bay Parkway, E164
Richmond, CA 94804
<http://www.nltn.org>

Please copy and post.

National Laboratory Training Network
Quality Laboratory Practice Through Continuing Education

Medical Mycology



October 12–13, 2006

Albuquerque, NM

Sponsored by

**New Mexico
Department of Health,
Scientific Laboratory Division**

and

**National Laboratory
Training Network**



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Medical Mycology

Description

Morphologic characteristics are fundamental in the identification of filamentous fungi. Because many clinical laboratories do not culture large numbers of these organisms, technologists seldom gain familiarity with more than a few species.

This wet workshop allows students to make and examine preparations of the major groups of molds, emphasizing the more commonly encountered species.

Objectives

At the conclusion of this program, the participants will be able to

- Discuss the major groups of filamentous fungi.
- Prepare and examine tease mounts of fungi.
- Recognize significant identifying characteristics of many common molds.
- Discuss successful preservation and safe handling of filamentous fungi.

Audience

This intermediate-level wet workshop is intended for persons having limited experience in the identification of medically important filamentous fungi. This workshop will be of interest to public health microbiologists and clinical laboratory scientists.

Agenda

Thursday, October 12, 2006

Day 1

- 8:15 a.m. Registration
- 8:30 Introduction
- 8:45 Terminology and Classification
- 9:45 Break
- 10:00 Culture Techniques and Safe Specimen Handling
- 11:00 Dermatophytes
- 12:00 p.m. Lunch (provided)
- 1:00 Subcutaneous Infections: Chromoblastomycosis, Phaeohyphomycosis, and Sporotrichosis
- 2:30 Break
- 2:45 Subcutaneous Infections (Continued)
- 3:45 Question and Answer Session
- 4:00 Adjourn

Friday, October 13, 2006

Day 2

- 8:30 a.m. Review of Day-One Material
- 8:45 Systemic Mycoses: Histoplasmosis, Blastomycosis, Coccidioidomycosis, Paracoccidioidomycosis
- Eumycotic and Actinomycotic Mycetomas
- 9:45 Break
- 10:00 Packaging and Shipping Issues with Focus on *Coccidioides* as a Select Agent
- 10:30 Zygomycetes
- 12:00 p.m. Lunch (provided)
- 1:00 *Aspergillus* and *Penicillium*
- 2:00 Break
- 2:15 *Aspergillus* and *Penicillium* (Continued)
- 2:45 Storage Methods, Shipping Procedures, Mites, and Discussion of Other Problems
- 3:15 Examination and Evaluation
- 4:00 Adjourn

Faculty

James L. Harris, Ph.D., Training Coordinator, Laboratory Services Section, Texas Department of State Health Services, Austin, TX.

Pamela Morden, MT(ASCP), MPH, Laboratory Bioterrorism Readiness Coordinator, New Mexico Department of Health, Scientific Laboratory Division, Albuquerque, NM.

Location

Address

Basic Medical Sciences Building
Room 303
University of New Mexico North Campus
Albuquerque, NM.

Parking Information

Park in "M" lot.

Parking regulations are strictly enforced. Visitors must obtain a temporary parking permit from the State Health Lab. While obtaining a permit, park in the metered spaces in front of the Health Sciences Building off Tucker Road. For more information on parking phone 505-841-2500.



The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC).
<http://www.nltn.org>

**National Laboratory Training Network
Registration Form**

(Please type or print.)

Training Event Title: Medical Mycology

Event Type: Wet Workshop

Event Code: 588-612-06

Event Date and Location: October 12–13, 2006 Albuquerque, NM

Applicant Information:

(Dr./Mr./Miss/Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation		Type of Employer	
Physician	01	Health Department (State or Territorial)	01
Veterinarian	02	Health Department (Local, City or County)	03
Laboratorian	04	Government (Other Local, not City or County)	04
Nursing Professional	05	Centers for Disease Control and Prevention	05
Sanitarian	06	U.S. Food and Drug Administration	09
Administrator	08	U.S. Department of Defense	11
Safety Professional	11	Veterans Administration Medical Center/Hospital	12
Educator	13	Other (Federal Employer) _____	15
Epidemiologist	14	Foreign	16
Environmental Scientist	15	College or University	19
Other _____	12	Private Industry	21
		Private Clinical Laboratory	23
		Physician's Office Laboratory/Group Practice	24
		Hospital (Private Community)	17
		Hospital (Other)	33
		State Funded Hospital	25
		City or County Funded Hospital	26
		Health Maintenance Organization	28
		Non-profit	31
		Unemployed or Retired	32
		Other _____	30

Education Level (Highest Completed)	
Degree	
Associate	04
Bachelor	05
Masters	06
Doctoral (M.D.)	07
Doctoral (Other than M.D.)	08
Technical/Hospital School	09
Some College	03
High School Graduate	02
Some High School	01
Other _____	10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003).

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Or submit your completed application form to

*National Laboratory Training Network
850 Marina Bay Parkway, E164
Richmond, CA 94804*

Or by Fax to 510-412-1412.

☐ Enclosed is my check or money order payable to APHL.

☐ Bill my credit card. (Circle one.)
VISA Master Card
American Express

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Date: _____

Amount of Payment: _____

YES! I would like to receive your electronic NLTN
Newsletter!

Name: _____

E-mail: _____

Please print clearly.